



CID : 2234913694
Name : MR.MAHENDRA KUMAR AGARWAL
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 15-Dec-2022 / 10:45
Reported : 15-Dec-2022 / 14:09

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.56	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.6	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5960	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.5	20-40 %	
Absolute Lymphocytes	2175.4	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	500.6	200-1000 /cmm	Calculated
Neutrophils	50.4	40-80 %	
Absolute Neutrophils	3003.8	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	220.5	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	59.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	273000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	14.4	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical
Services)



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 Reported : 15-Dec-2022 / 14:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	110.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	166.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.89	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.56	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	18.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	74.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.67-1.17 mg/dl	Enzymatic



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Collected : 15-Dec-2022 / 14:34
 Reported : 15-Dec-2022 / 19:39

eGFR, Serum	125	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
 *** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
 M.D. (PATH)
 Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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 Age / Gender : 40 Years / Male
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 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)
 Collected : 15-Dec-2022 / 10:45
 Reported : 15-Dec-2022 / 15:47

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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*** End Of Report ***



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Reported : 15-Dec-2022 / 18:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Negative

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:


- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***




Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	195.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	153.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	47.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	147.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	30.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Collected : 15-Dec-2022 / 10:45
 Reported : 15-Dec-2022 / 16:39

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.98	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

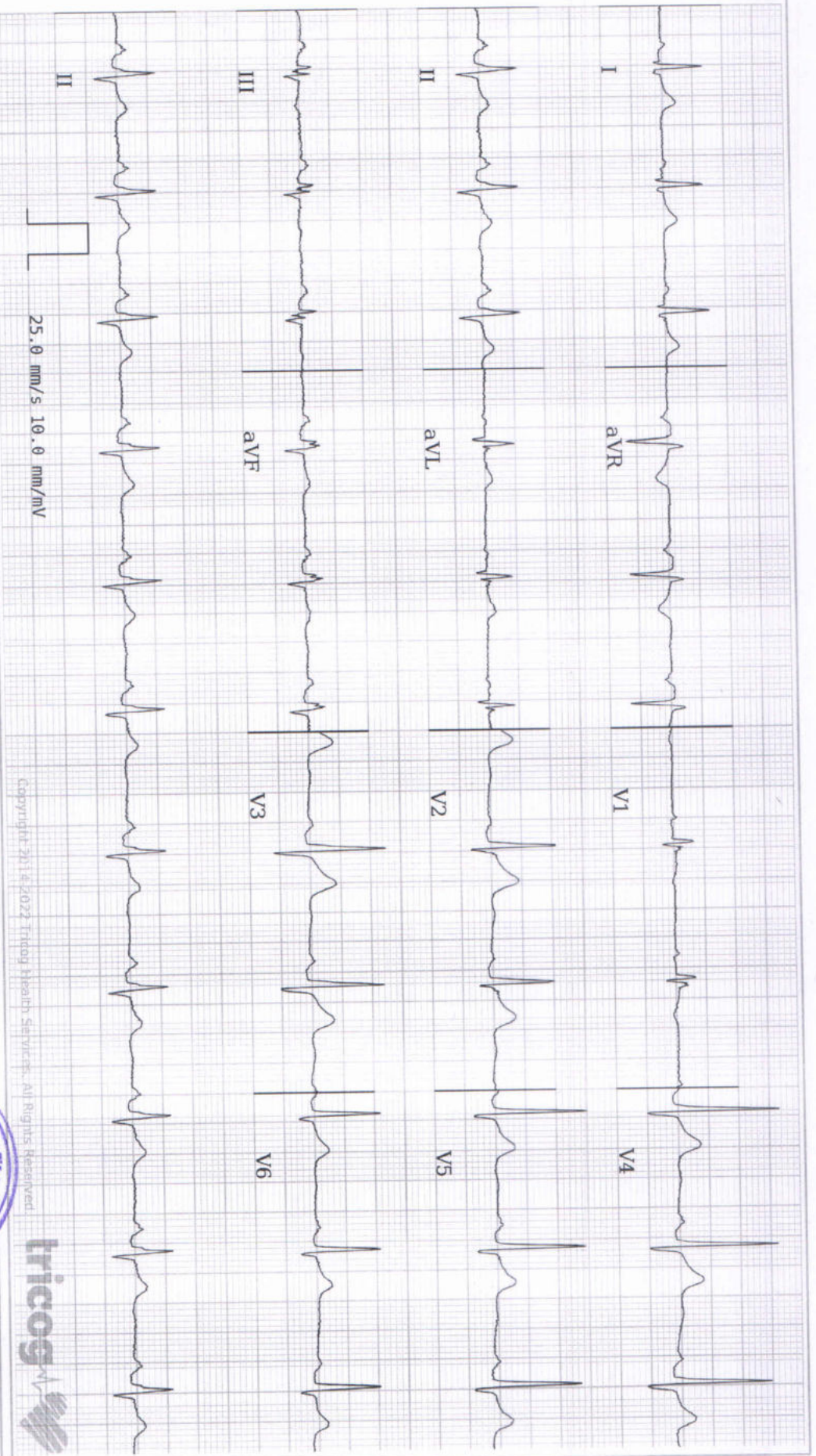
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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 *** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Age **40** 5 12
years months days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 74 kg

Height: 168 cm

Pulse: 68 bpm

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms

QT: 372ms

QTc: 395ms

PR: 168ms

P-R-T: 58° 19° 26°

REPORTED BY

Dr. Arita Bhosale

Dr. Arita Bhosale
M.B.B./M.P.G./D.C.C (DIP, Cardiology)
2013062200



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. rsr' Pattern in V1. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG above and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 15/12/22

CID: 2234913694

Name:- Mr. Mahendrakumar
Agarwal

Sex / Age: M / 40 yrs

EYE CHECK UP

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: — NO

Aided Vision: — NO

Refraction: (R) 6/6 (L) 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				2/6				2/6

Colour Vision: Normal / Abnormal

Remark: Normal vision.



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 Reported : 16-Dec-2022 / 09:52

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	168	Weight (kg):	74.8
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	120//80	Nails:	Healthy
Pulse:	74/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs
 Respiratory: Air Entry Bilaterally Equal
 Genitourinary: NAD
 GI System: Soft non tender No Organomegaly
 CNS: NAD

IMPRESSION: HEALTHY.

ADVICE: REGULAR EXERCISE. HEALTHY DIET.

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CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD:	NO
3)	Arrhythmia:	NO
4)	Diabetes Mellitus :	NO
5)	Tuberculosis :	NO
6)	Asthama:	NO
7)	Pulmonary Disease :	NO
8)	Thyroid/ Endocrine disorders :	NO
9)	Nervous disorders :	NO
10)	GI system :	NO
11)	Genital urinary disorder :	NO
12)	Rheumatic joint diseases or symptoms :	NO
13)	Blood disease or disorder :	NO
14)	Cancer/lump growth/cyst :	NO
15)	Congenital disease :	NO
16)	Surgeries :	NO

PERSONAL HISTORY:


1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	VEG
4)	Medication	NIL

*** End Of Report ***




[Signature]
 Dr. Ajita Bhosale
 PHYSICIAN
 Dr. AJITA BHOSALE
 Reg. No. 2013/062200
 MBBS/D. Cardiology

भारत सरकार



महेंद्र कुमार अगर्वाल
Mahendra Kumar Agarnwal
जनम तिथि/DOB: 03/07/1982
लिंग/ MALE



भारत सरकार

Issue Date: 28/05/2015

8284 8998 7223

VID : 9141 0299 6693 6077

शेरा आंध्रप्रदेश, शेरी पंचराज

Download Date: 20/01/2021

for verification
15/12/2022

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details Date: 15-Dec-22 Time: 11:36:35 AM
Name: MAHENDRAKUMAR AGARWAL ID: 2234913694
Age: 40 y Sex: M Height: 168 cms Weight: 74 Kgs
Clinical History: ANNUAL CHECK UP

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 180 bpm **THR:** 152 (85 % of Pr.MHR) bpm
Total Exec. Time: 9 m 51 s **Max. HR:** 153 (85% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 190 / 70 mmHg **Max. BP x HR:** 29070 mmHg/min **Min. BP x HR:** 5460 mmHg/min
Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 16	1.0	0	0	78	120 / 70	-4.46 V6	4.25 V4
Standing	1 : 10	1.0	0	0	83	120 / 70	-3.40 aVR	1.42 II
Hyperventilation	0 : 7	1.0	0	0	80	120 / 70	-0.64 aVR	0.71 II
1	3 : 0	4.6	1.7	10	107	140 / 70	-2.76 III	-4.25 III
2	3 : 0	7.0	2.5	12	124	160 / 70	-0.64 aVR	2.12 II
3	3 : 0	10.2	3.4	14	142	180 / 70	-0.64 aVR	2.83 II
Peak Ex	0 : 51	13.5	4.2	16	153	190 / 70	-0.64 aVR	2.83 V3
Recovery(1)	3 : 0	1.8	1	0	95	140 / 70	-1.06 aVR	3.54 V4
Recovery(2)	1 : 21	1.0	0	0	100	120 / 70	-0.64 aVR	1.42 II

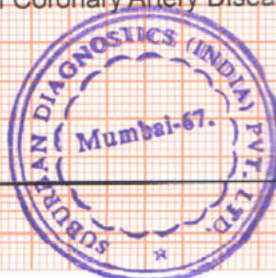
Interpretation

GOOD EFFORT TOLERANCE.
 HIGH WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
 NO ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronay Artery Disease.
 Positive test is suggestive but not confirmatory of Coronay Artery Disease.
 Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI
 (Summary Report edited by user)



Doctor: DR AJITA BHOSALE
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53

Dr. AJITA BHOSALE
 Reg. No. 2013/082200
 MBBS/D. Cardiology



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

MAHENDRAKUMAR AGARWAL (40 M) ID: 2234913694 Date: 15-Dec-22 Exec Time : 0 m 0 s Stage Time : 1 m 10 s HR: 81 bpm

Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0% (THR: 152 bpm) B.P.: 120 / 70

ST Level (mm)	ST Slope (mV/s)	ST Level (mm)	ST Slope (mV/s)
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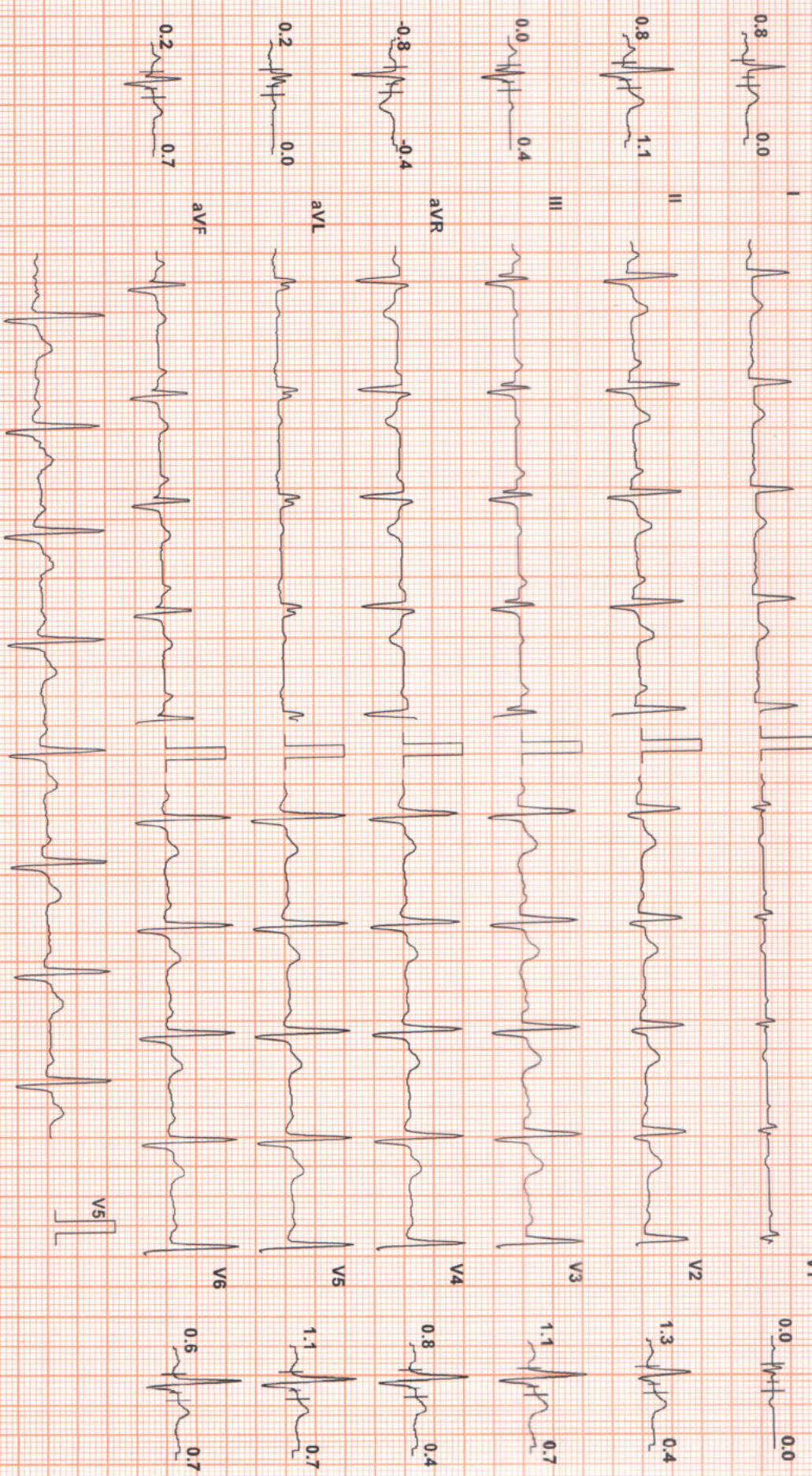


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandan V4.52 Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

1 est Report

MAHENDRAKUMAR AGARWAL (40 M)

ID: 2234913694

Date: 15-Dec-22

Exec Time : 0 m 0 s

Stage Time : 1 m 4 s

HR: 77 bpm

B.P: 120 / 70

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 152 bpm)

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

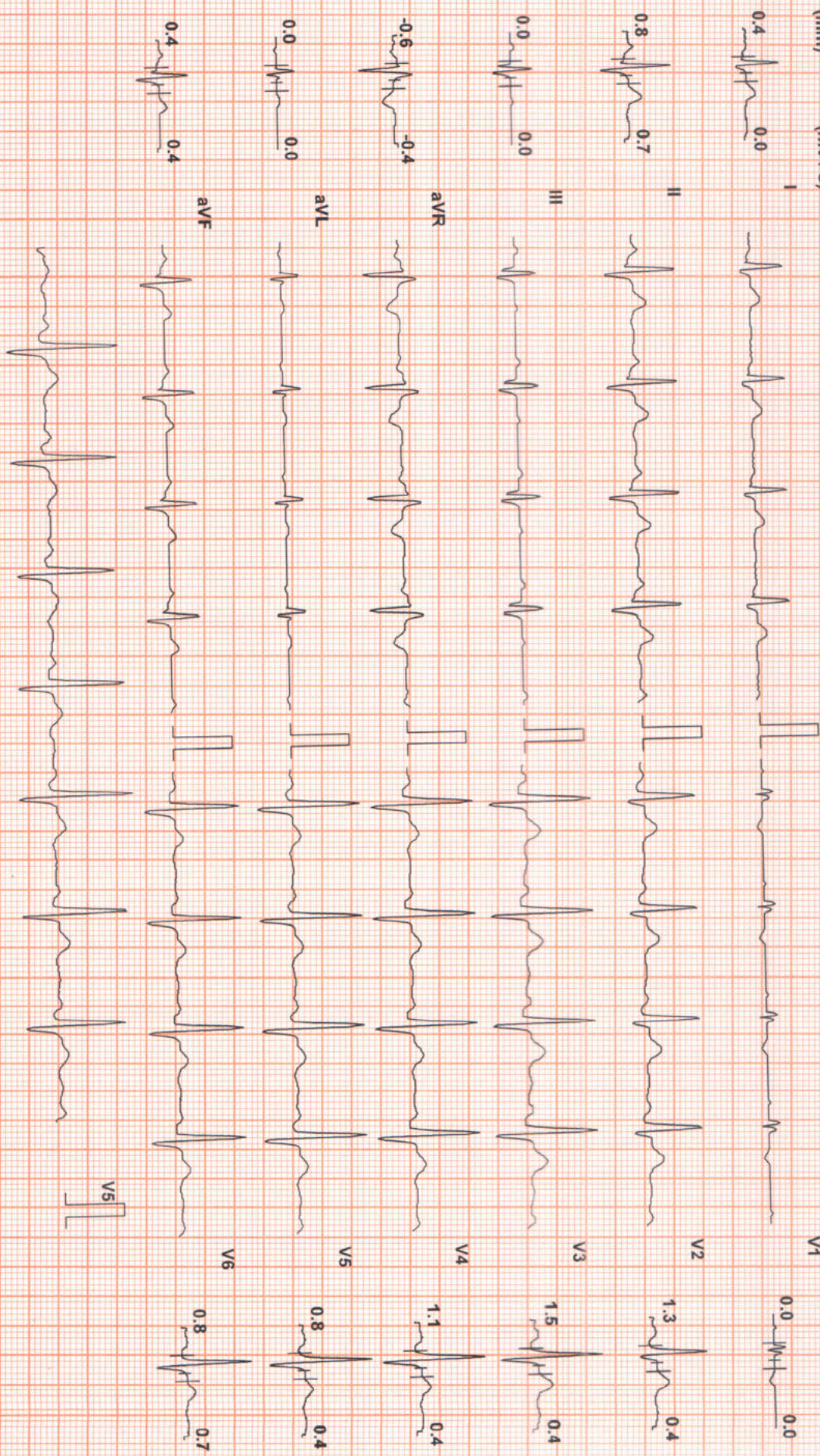


Chart Speed: 25 mm/sec
Schlier Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MAHENDRAKUMAR AGARWAL (40 M)

ID: 2234913694

Date: 15-Dec-22

Exec Time: 0 m 0 s

Stage Time: 0 m 1 s

HR: 83 bpm

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

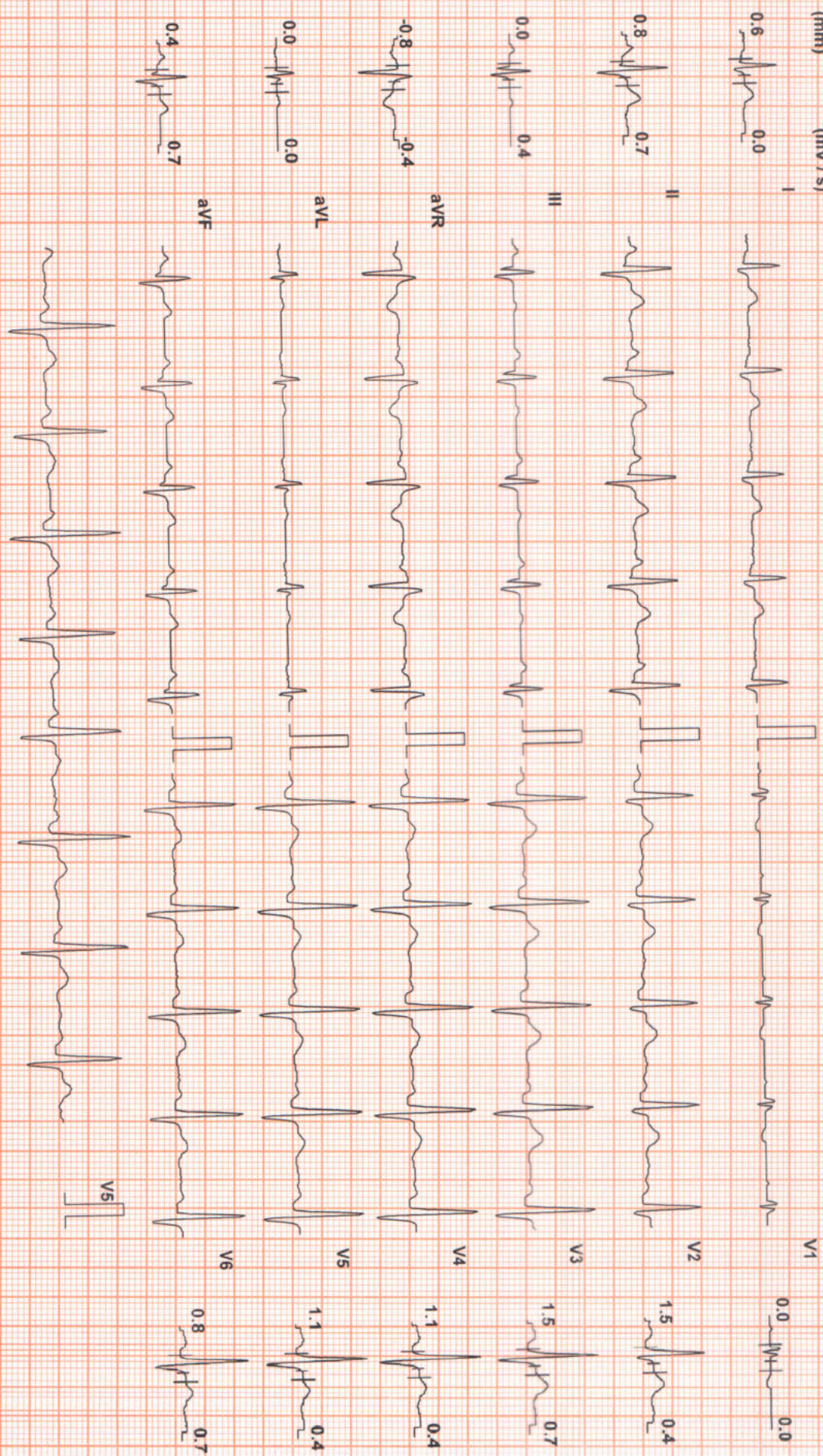


Chart Speed: 25 mm/sec
Schlier Spanden V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MAHENDRAKUMAR AGARWAL (40 M) ID: 2234913694 Date: 15-Dec-22 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 108 bpm

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10% (THR: 152 bpm) B.P.: 140 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

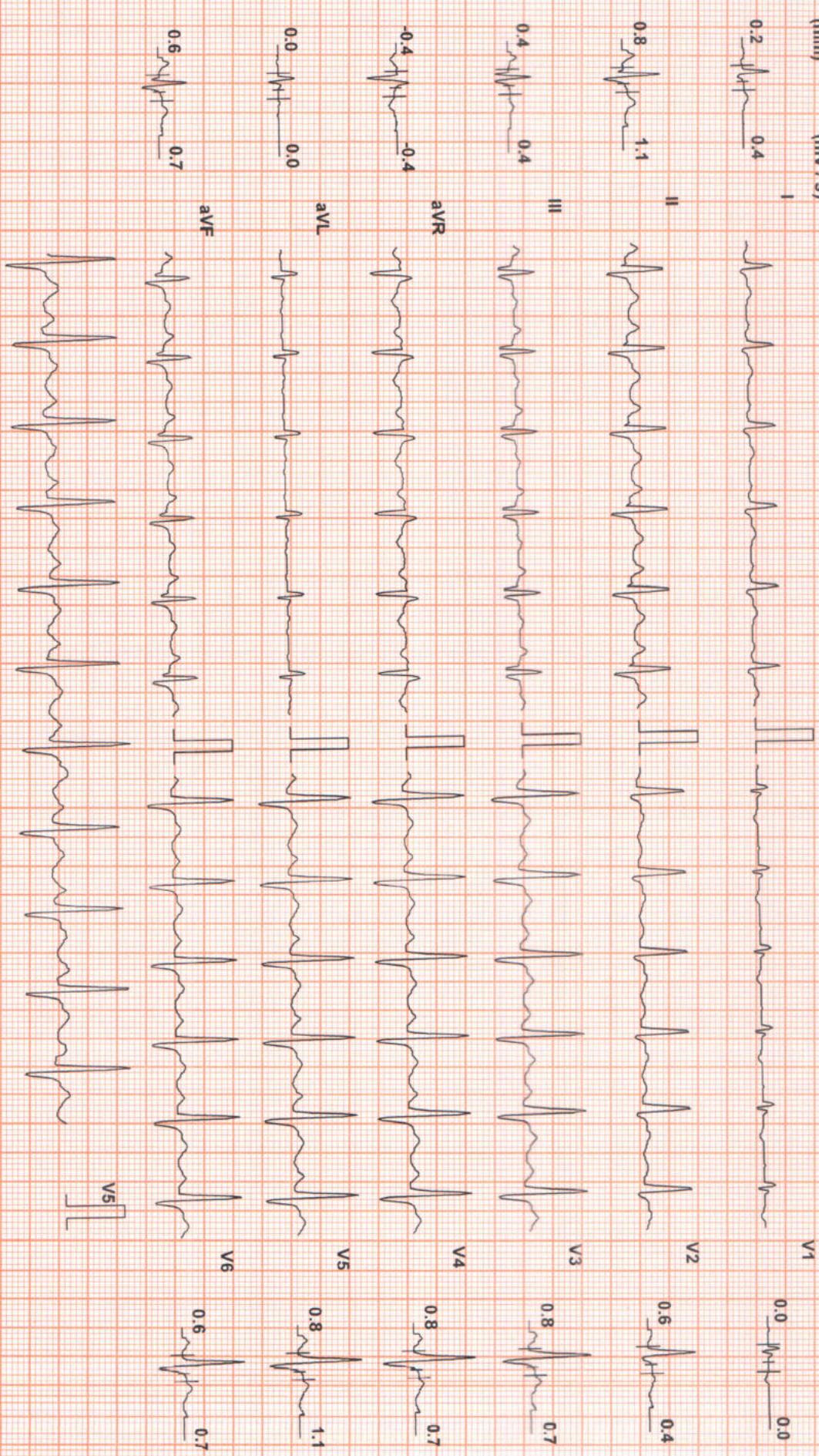


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

Schiller Spardan V 4.52

MAHENDRAKUMAR AGARWAL (40 M) ID: 2234913694 Date: 15-Dec-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 124 bpm

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 152 bpm) B.P.: 160 / 70

ST Level (mm) ST Slope (mV/s) ST Level (mm) ST Slope (mV/s)

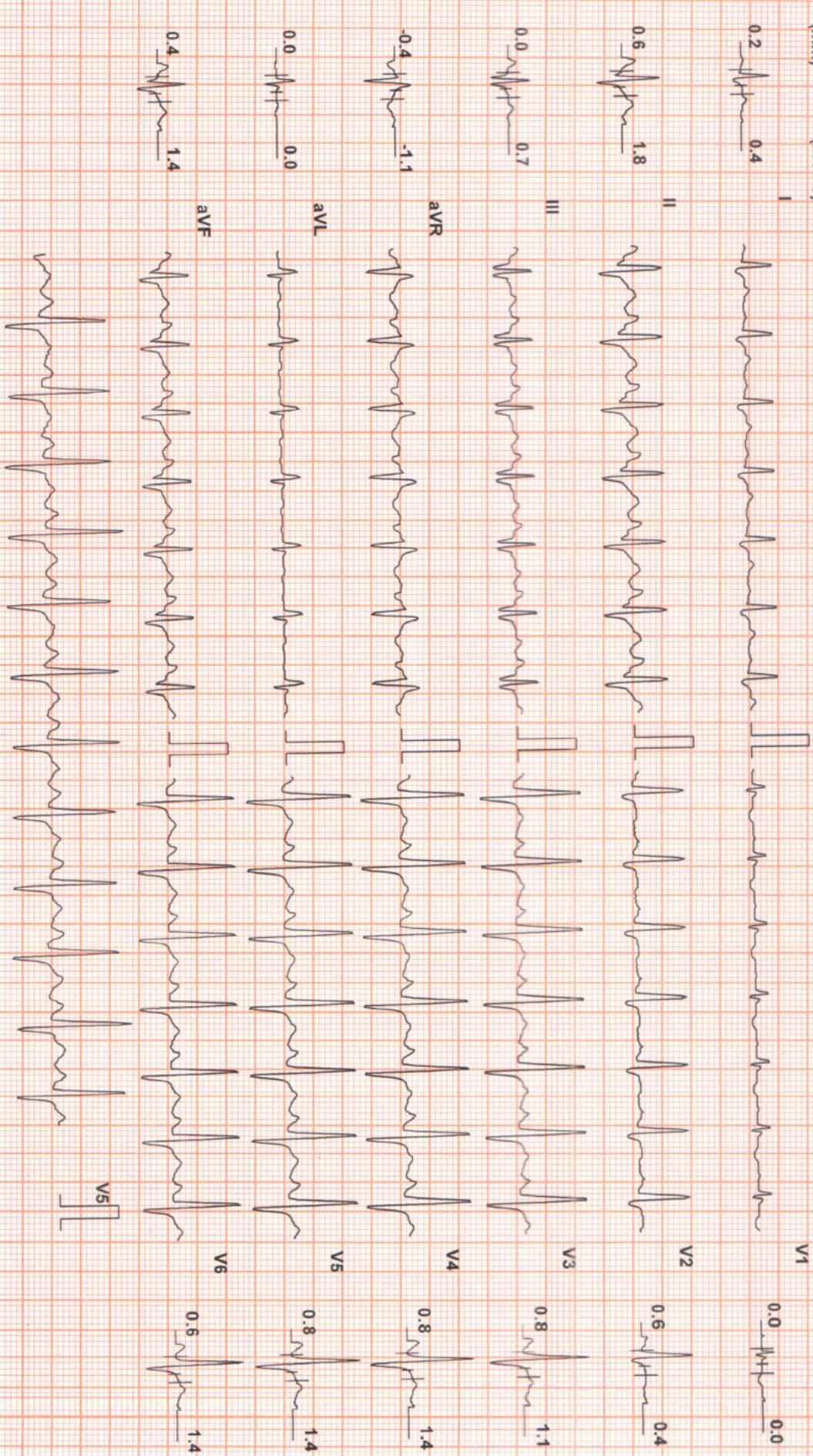


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.52



MAHENDRAKUMAR AGARWAL (40 M) ID: 2234913694 Date: 15-Dec-22 Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 143 bpm

Protocol: Bruce Stage: 3 Speed: 3.4 mph Grade: 14 % (THR: 152 bpm) B.P: 180 / 70

ST Level (mm)	ST Slope (mV/s)	ST Level (mm)	ST Slope (mV/s)
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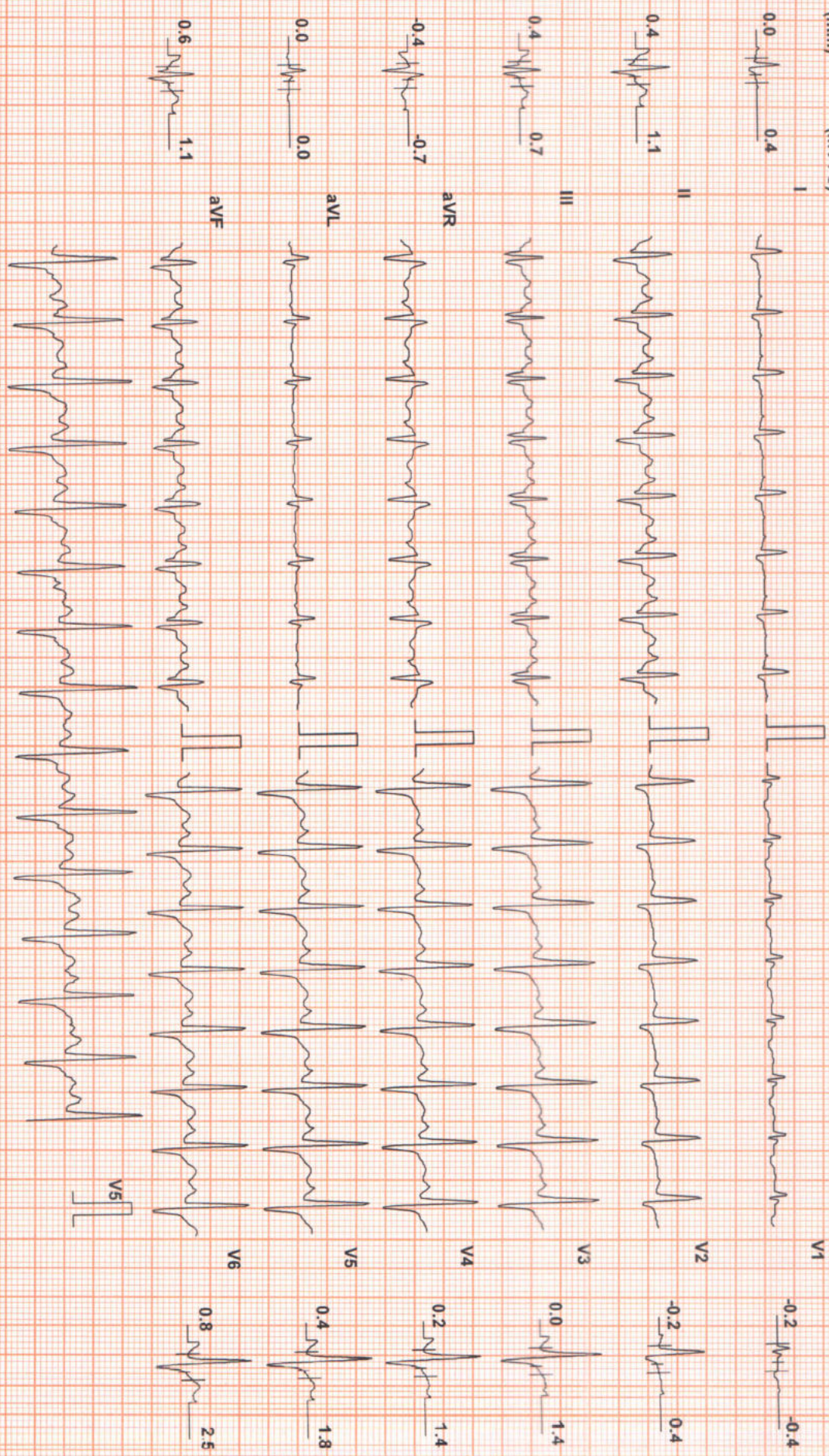


Chart Speed: 25 mm/sec
 Filter: 35 Hz
 Mains Filtr: ON
 Amp: 10 mm
 Iso = R - 60 ms
 J = R + 60 ms
 Post J = J + 60 ms
 Linked Median

Schiller Spanden V 4.52



MAHENDRAKUMAR AGARWAL (40 M)

ID: 2234913694

Date: 15-Dec-22 Exec Time: 9 m 45 s Stage Time: 0 m 45 s HR: 152 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph Grade: 16 %

(THR: 152 bpm)

B.P: 190 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

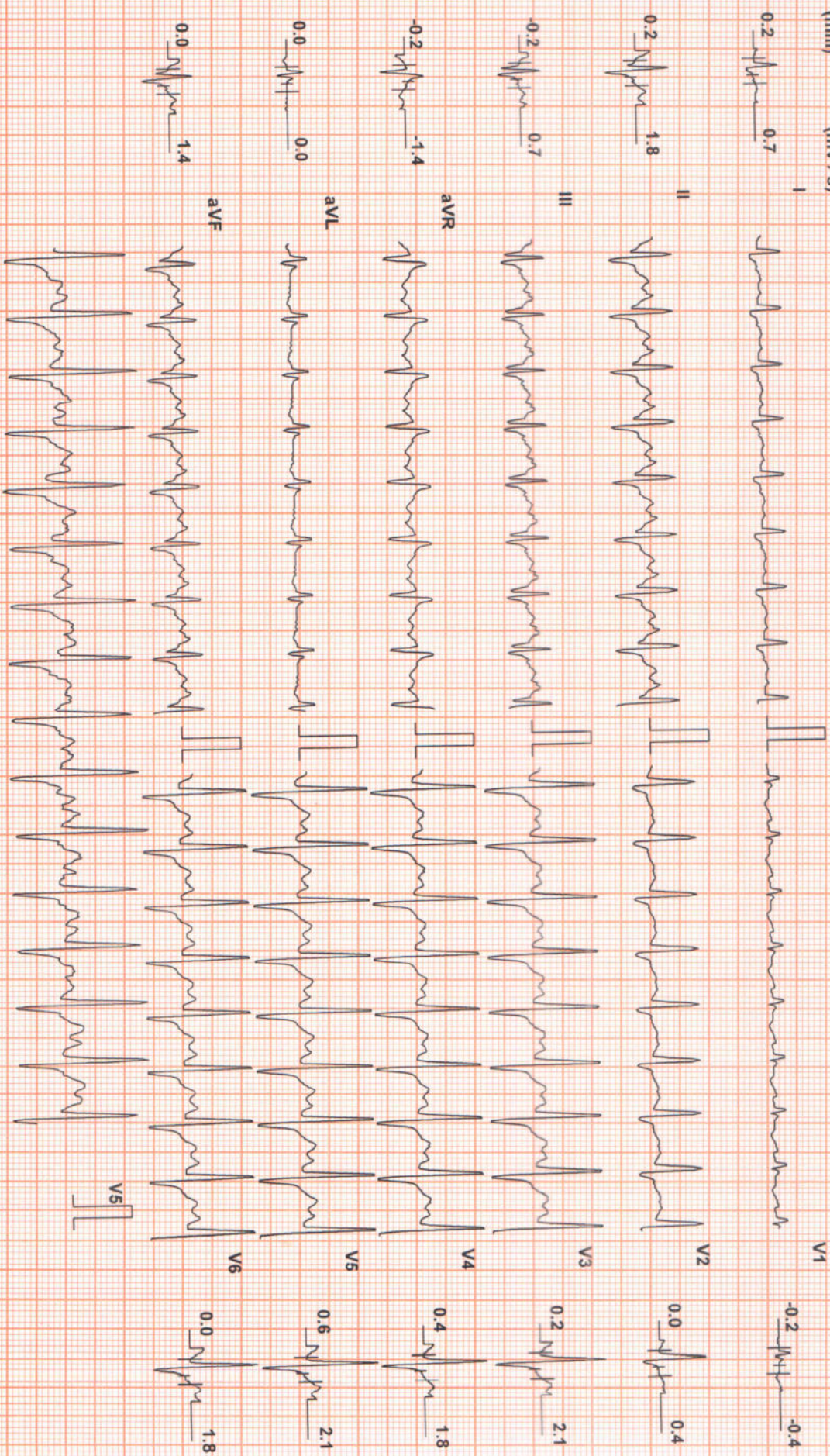


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schler Standard V 4.52

Linked Median

MAHENDRAKUMAR AGARWAL (40 M)

ID: 2234913694

Date: 15-Dec-22

Exec Time : 9 m 51 s

Stage Time : 2 m 54 s

HR: 97 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 152 bpm)

B.P.: 140 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

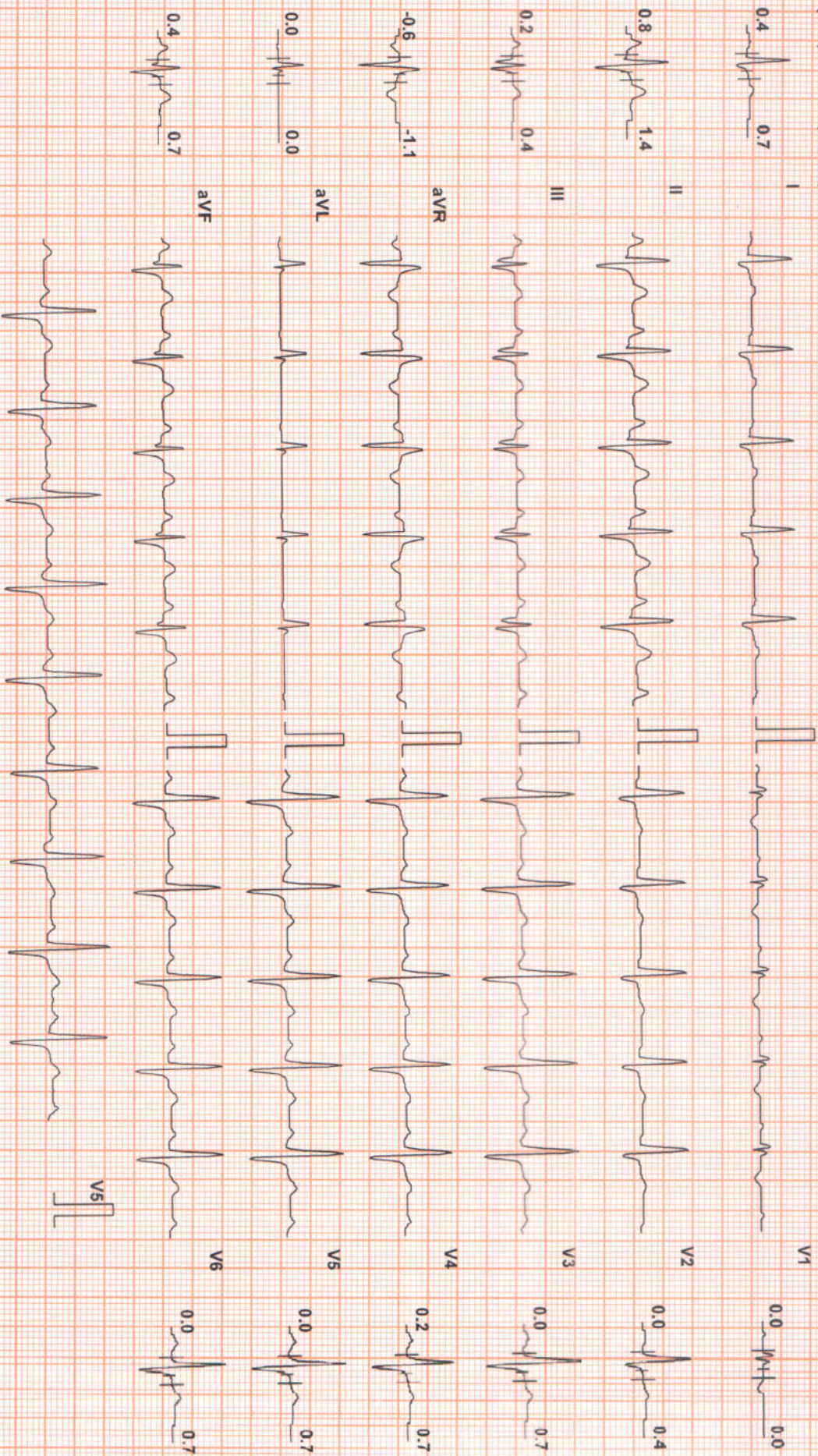


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

MAHENDRAKUMAR AGARWAL (40 M) ID: 2234913694 Date: 15-Dec-22 Exec Time : 9 m 51 s Stage Time : 1 m 15 s **HR: 103 bpm**

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 152 bpm) B.P: 120/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

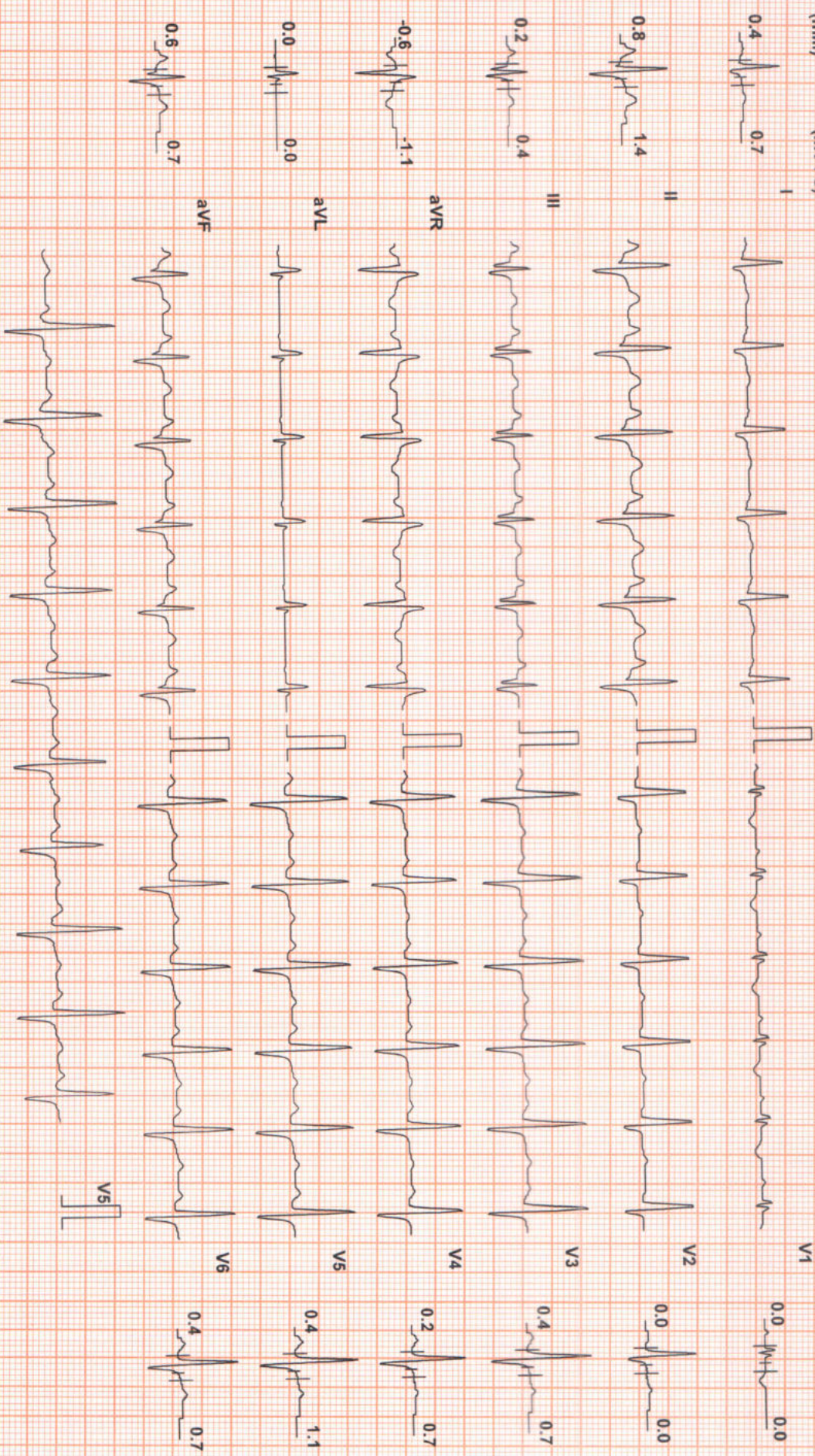


Chart Speed: 25 mm/sec
Schiller Spandan V 4-52

Filter: 35 Hz

Mains Filt. ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2234913694
Name : Mr MAHENDRA KUMAR
AGARWAL
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre
Reg. Date : 15-Dec-2022
Reported : 15-Dec-2022/14:51

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.8cm), echotexture, shape and smooth margins. **It shows raised parenchymal echogenecity.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

Right kidney measures 8.8 x 4.3 cm. No evidence of hydronephrosis noted in the right side.

Left kidney measures 9.4 x 4.5 cm. **Left kidneys shows mild hydronephrosis.**

No evidence of any calculus, or mass lesion seen on either side.

SPLEEN:

The spleen is normal in size (9.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size measuring 2.5 x 3.4 x 2.7 cm and weighs 12.6 cc.

There is no evidence of any lymphadenopathy or ascites.



CID : 2234913694
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IMPRESSION:-

1. Grade I fatty liver
2. Mild left sided hydronephrosis

ADVICE: Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

-----End of Report-----

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



CID : 2234913694
Name : Mr MAHENDRA KUMAR
AGARWAL
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

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CID : 2234913694
Name : Mr MAHENDRA KUMAR
AGARWAL
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre
Reg. Date : 15-Dec-2022
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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----

This report is prepared and physically checked by Dr. Chirag Patel before dispatch.

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



CID : 2234913694
Name : Mr MAHENDRA KUMAR
AGARWAL
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

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